

**Division of Human Relations
Equal Accommodations (EA) Intake Questionnaire**

* The Statute of limitations to file an Equal Accommodations Discrimination Complaint is 90 days

New Castle

Division of Human Relations
Carvel State Office Bldg.
820 N. French St., 4th Floor
Wilmington, DE 19801

Kent

Division of Human Relations
Cannon Bldg, Suite 145.
861 Silver Lake Blvd
Dover, DE 19904

Sussex

Division of Human Relations
Thurman Adams Jr. State Service Center
546 S. Bedford St.
Georgetown, DE 19947

Today's Date: ____/____/____

When did the last act of discrimination occur? Date: ____/____/____

Is the alleged discrimination continuous or on going? **Yes** **No**

CONTACT INFORMATION

1. Complainant's Information (This is the person completing this form)

Last Name _____ First _____ MI _____
Address _____
City _____ State _____ ZIP _____
County _____
Home phone () _____ - _____
Work phone () _____ - _____
Cell phone () _____ - _____
Email: _____

2. Contact Information (Someone other than yourself, we could contact in case we can't contact you)

Last Name _____ First _____ MI _____
Address _____
City _____ State _____ ZIP _____
County _____
Home phone () _____ - _____
Work phone () _____ - _____
Cell phone () _____ - _____
Email: _____

3. If you have an attorney, please provide their information

Last Name _____ First _____ MI _____
Address _____
City _____ State _____ ZIP _____
County _____
Home phone () _____ - _____
Work phone () _____ - _____
Cell phone () _____ - _____
Email: _____

4. Who do you believe discriminated against you? Check all that apply and provide name/address if known.

<input type="checkbox"/>	Employee	<input type="checkbox"/>	Superintendent or Manager
<input type="checkbox"/>	Owner	<input type="checkbox"/>	Agent
<input type="checkbox"/>	Lessee	<input type="checkbox"/>	Other
<input type="checkbox"/>	Proprietor		

Last Name _____ First _____ MI _____
Address _____
City _____ State _____ ZIP _____
County _____
Home phone () _____ - _____
Work phone () _____ - _____
Cell phone () _____ - _____
Email: _____

5. Witness Information (The person who was present to see the discrimination)

Last Name _____ First _____ MI _____
Address _____
City _____ State _____ ZIP _____
County _____
Home phone () _____ - _____
Work phone () _____ - _____
Cell phone () _____ - _____
Email: _____

6. Where did the discrimination occur?

For example:

Restaurant

Department Store

Bank

Supermarket

Other? (please explain) _____

DISCRIMINATION SPECIFICS

7. What happened to you?

Please check each action that occurred to you:

Were you refused, withheld or denied accommodations, facilities, advantages, or privileges of a place of public accommodations?

Did the person against whom the complaint was filed directly or indirectly publish, issue, circulate, post or display any radio communication, notice or advertisement indicating that public accommodation is not welcomed, desired, or solicited?

Did someone assist, induce or coerce another person to commit any discriminatory public accommodations practice prohibited by the Equal Accommodations law.

Please explain in detail (time, date, etc.) what happened:

8. Now tell us why you believe this discrimination occurred by checking the appropriate box from the list below?

(If you believe the discrimination occurred for more than one reason, then check all that apply)

Race/Color

Religion

Sex

Male

Female

National Origin

Person(s) With a Disability

Physical

Mental

Age

Creed

Marital Status

Sexual Orientation

Now that you have identified the class(s), briefly explain why you think you were discriminated against for the reason(s) listed above.